

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Takeshi OKAMURA, et al.

Serial No: 10/573,331

Confirmation No.: 5441

Filed: February 1, 2007

For: MULTI-LAYER PIEZOELECTRIC ELEMENT

Art Unit: 2834

Examiner: Derek John Rosenau

## Mail Stop AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

|  | (Col. 1)<br>CLAIMS REMAINING<br>AFTER AMENDMENT |     | (Col. 2)<br>HIGHEST NUMBER<br>PREVIOUSLY PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA* | LG/SM<br>\$ ENTITY FEE                               | ADD'L<br>FEE DUE |
|--|---|-----|---|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE   | 26  | -20 | 32  | **                            | LG=\$52<br>SM=\$26                                   | \$52 \$ 0        |
| INDEPENDENT<br>CLAIMS FEE  | 2   | -3  | 3   | ***                           | LG=\$220<br>SM=\$110                                 | \$220 \$ 0       |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS                          |   |     |   |                               | LARGE ENTITY FEE = \$360<br>SMALL ENTITY FEE = \$180 | \$ 0             |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) |   |     |   |                               | \$250 FOR EACH ADDITIONAL 50<br>SHEETS               | \$ 0             |
| Independent Claims: 33, 60   |   |     |   |                               | TOTAL  | \$ 0             |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$ -0- for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$ -0- for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
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Date: June 19, 2009

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